

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005648

1. Entity Name

TWIN PALMS BAPTIST CHURCH, INC.

Principal Place of Business

6850 ROBINSON RD.
JACKSONVILLE FL 32220

Mailing Address

6850 ROBINSON RD.
JACKSONVILLE FL 32220-2841

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEE, JUANITA
6850 ROBINSON RD.
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME DOPSON, HOWARD
STREET ADDRESS 6421 BLUEBIRD RD
CITY-ST-ZIP JAX FL 32220

T ☐ Delete
NAME LEE, JUANITA
STREET ADDRESS 6850 ROBINSON RD
CITY-ST-ZIP JAX FL 32220

T ☐ Delete
NAME TATHAM, PHYLLIS
STREET ADDRESS 6850 ROBINSON RD
CITY-ST-ZIP JAX FL 32220

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis Tatham* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2000

Date

904-908-5600

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)